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Attention: Examiner Darwin P. Erezio  
Company: United States Patent and Trademark Office  
Fax number: (703) 872-9306  
From: Robert E. West  
Date: February 23, 2005  
Number of Pages (including this cover): 23  
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Applicant(s):	Sullivan et al.	Atty. Docket No.:	P-5319
Serial No.:	09/879,517	Group Art Unit:	3761
Filed:	June 12, 2001	Examiner:	Erezio
For:	Medicament Respiratory Delivery Device, Cartridge and Method of Making The Same		

The following document is attached to this facsimile:

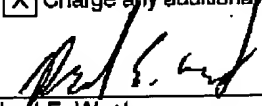
1. Reply Under 37 CFR. §1.116 to January 11, 2005 Final Office Action; and
2. Amendment Transmittal Letter.

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Doc #R9293

AMENDMENT TRANSMITTAL LETTER					
Application No. 09/879,517	Filing Date June 12, 2001	Examiner Erezo	Group Art Unit 3761		
Applicant(s): Sullivan et al.			Docket No. P-5319		
Invention: Medicament Respiratory Delivery Device, Cartridge and Method of Making Same					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	70	- 83 =	0	x \$50.00	0.00
Independent Claims	9	- 9	0	x \$200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>02-1666</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Robert E. West Registration No.: 48,030  Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, New Jersey 07417-1880 (201)847-6782				Dated: <u>February 22, 2005</u>	
Doc# 89290					

P-5319

Reply under 37 CFR 1.116-Expedited Procedure-TC 1700

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**FEB 23 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Sullivan et al.

Conf. No.: 4080

Serial No.: 09/879,517

Art Unit: 3761

Filing Date: June 12, 2001

Examiner: Erezzo

Docket No: P-5319

Title: Medicament Respiratory Delivery Device, Cartridge and Method of  
Making SameMail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
TRANSMITTED VIA FACSIMILE TO THE COMMISSIONER FOR  
PATENTS, FACSIMILE NUMBER 703-872-9306 or to P.O. BOX  
1450, ALEXANDRIA, VA 22313-1450 ON:February 23, 2005

BY: LORRAINE KOWALCHUK

  
(SIGNATURE)2/23/05  
(DATE)**REPLY UNDER 37 CFR § 1.116 TO JANUARY 11, 2005 FINAL OFFICE  
ACTION**

Sir:

In reply to the Final Office Action mailed January 11, 2005, Applicants are filing this amendment and response within the two-month time period under the guidelines afforded by MPEP 714.13.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begin on page 2 of this paper.

**Remarks** begin on page 19 of this paper.